

Address:

## HOUSING DEVELOPMENT TRACKING FORM

CITY OF ENCINITAS
DEVELOPMENT SERVICES DEPARTMENT
505 SOUTH VULCAN AVENUE
ENCINITAS CA, 92024



## ACCESSORY DWELLING UNIT & JUNIOR ACCESORY UNIT

If an Accessory Unit and Junior Accessory are being built on the same property, please provide information for both units below. Please complete this form to the best of your knowledge and <u>submit prior to building permit issuance</u>. Please contact Cindy Schubert, Program Assistant, at (760)633-2726 or <u>cschubert@encinitasca.gov</u> with any questions on this form. <u>Individual responses will be kept confidential to the extent permitted under the law.</u>

Accessory Unit

**Anticipated Completion Date:** 

APN:				Type:	Type:		Jr. Accessory:		Attached:	Detached:	
Intended Occupancy:			Renter-Occupied:			Owner-Occupied:					
Please Select Unit Type:			lunior Accessory:	0 Bedroom: (Studio)		1-Bedroom:		2-Bedroom:		3-Bedroom:	
Please Select Proposed Rent:	Very-Lo	w \$	60-\$811	\$0-\$811		\$0-\$927		\$0-\$1,043		\$0-\$1,159	
	Low	\$	812-\$973	\$812-\$973		\$928-\$1,112		\$1,043-\$1,251		\$1,160-\$1,391	
	Modera	te \$	974-\$1,784	\$974-\$1,784		\$1,113-\$2,039		\$1,252-\$2,294		\$1,392-\$2,54	9
	Above Modera		51,785+	\$1,785+		\$2,040+		\$2,295+		\$2,550+	
OWNER	(S):										
Name:	1					Pho		none:			
Address	s:					City, State, Zip:					
Email:							•				
DEVELO	PER:										
Name:						Phone:					
Addres	s:				Cit	ty, State, Z	ip:				
Email:											
	-			ment Services	s De	partment	Staf	f			
Plan Check No.: _			Date	e:							
Planner:										Umdate LAG. C	0000
										Updated: May 6	, 2020